TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Absorbed Cancer Slope Factor for Dermal Value (and Units) (6.1)	The absorbed dermal cancer slope factor for each chemical of potential concern, which typically is derived from the oral cancer slope factor (and associated units).	Derivation of the dermal cancer slope factor should be performed in consultation with the EPA risk assessor.
Absorbed RfD for Dermal Value (and Units) (5.1)	The adjusted reference dose (RfD) for each chemical of potential concern detected which is derived from the oral RfD (and associated units).	Derivations of the Absorbed Dermal RfD should be performed as directed by the EPA risk assessor.
Arithmetic Mean (3)	The arithmetic average of detected concentrations.	This is the sum of the data divided by the number of data points.
Background Value (2)	The background value for the chemical or radionuclide in that medium.	Consult the EPA risk assessor for how background values are determined and how background values are considered for COPC screening. If a "t-test" or other statistical analysis which requires backup information is needed, this information should be presented. A footnote should be added to this column to clarify the source used for background. (e.g., literature value, data from a nearby site, statistical tool).
Cancer Risk Calculations - Cancer Risk (7, 8)	In the tables, the result of the cancer risk calculation for each COPC for each Exposure Route and Pathway. Cancer risk is the incremental probability of an individual's developing cancer over a lifetime as a result of exposure to a potential carcinogen.	

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TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Cancer Risk Calculations - CSF Value (and Units) (8)	A cancer slope factor (CSF) is an age-averaged lifetime excess cancer incidence rate per unit intake (or unit exposure for external exposure pathways). Ingestion and inhalation slope factors are central estimates in a linear model of the age-averaged, lifetime attributable radiation cancer incidence (fatal and nonfatal cancer) risk per unity of activity inhaled or ingested, expressed as a risk/picocurie (pCi). External exposure slope factors are central estimates of the lifetime attributable radiation cancer incidence risk for each year of exposure to external radiation from photon-emitting radionuclides distributed uniformly in a thick layer of soil, and are expressed as risk/yr per pCi/gram of soil.	Slope factors presented in Table 6.4 for each radionuclide are the same as cancer slope factors presented in Table 8.
Cancer Risk Calculations - CSF/Unit Risk - Value (and Units) (7)	The slope factor is used to estimate an upper-bound probability of an individual developing cancer as a result of a lifetime of exposure to a particular level of potential carcinogen. Unit Risk is a toxicity value for carcinogenic effects expressed in terms of risk per unit concentration of the substance in the medium where human contact occurs. These measures can be used to calculate cancer slope factors.	CSF and unit risk values in Table 7 for each COPC are the same as the CSF and unit risk values presented in Tables 6.1, 6.2, and 6.3.
Cancer Risk Calculations - Intake/Exposure Concentration Value (and Units) (7)	A measure of exposure expressed as the mass of a substance in contact with the exchange boundary per unit body weight per unit time (e.g., mg chemical/kg body weight/day).	Refers to the intake/exposure concentration result using the parameters and equations/calculations and/or models presented in Table 4.
Cancer Risk Calculations - Intake/ Activity Value (and Units) (8)	Intake is a measure of exposure expressed in units of activity, such as pCi.	Refers to the intake using the parameters and equations/ calculations and/or models presented in Table 4.

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TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Cancer Slope Factor Value (and Units) (6.4)	A cancer slope factor is an age-averaged lifetime excess cancer incidence rate per unit intake (or unit exposure for external exposure pathways) and is used to convert the intake to a cancer risk. Ingestion and inhalation slope factors are central estimates in a linear model of the age-averaged, lifetime attributable radiation cancer incidence (fatal and nonfatal cancer) risk per unity of activity inhaled or ingested, expressed as risk/picocurie (pCi). External exposure slope factors are central estimates of the lifetime attributable radiation cancer incidence risk for each year of exposure to external radiation from photon-emitting radionuclides distributed uniformly in a thick layer of soil, and are expressed as risk/yr per pCi/gram of soil.	
Carcinogenic Risk - (Exposure Routes Total) (9, 10)	The total cancer risk for each COPC across all Exposure Routes at Each Exposure Point.	Other totals are also recorded in the Exposure Routes Total column. In the Chemical Total row, this column contains the total risk for all chemicals and Exposure Routes at a given Exposure Point. In the Radionuclide Total row, this column contains the total risk for all radionuclides and Exposure Routes at a given Exposure Point. In the Exposure Point Total row this column contains the total risk for all chemicals and radionuclides at a given Exposure Point. In the Exposure Medium Total row, this column contains the total risk for all Exposure Points in a given Exposure Medium. In the Medium Total row, this column contains the total risk for all Exposure Media in a given Medium. The Receptor Total row contains the total risk from all Media to a single Receptor.
Carcinogenic Risk - Ingestion, Inhalation, Dermal, External (Radiation) (9,10)	The cancer risk value calculated by Receptor for each COPC for each Exposure Route for each listed Exposure Point.	The value at the bottom of each column presents the chemical or radionuclide cancer risk by Exposure Route for each Exposure Point.
CAS Number (2)	The Chemical Abstract Registry Number, a unique standardized number which is assigned to chemicals and radionuclides.	Provide CAS Number for chemicals and radionuclides detected in the samples for the medium.

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TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Central Tendency (CT)	Risk calculations which result from using central values (such as mean or median) rather than the combination of average and high-end values used in RME assessment.	
Chemical (2)	The name of the compound detected in samples for the medium.	Chemicals can be arranged in the order that the risk assessor prefers.
Chemical of Potential Concern (COPC) (3, 5.1, 5.2, 5.3, 6.1, 6.2, 6.3, 6.4, 7, 9, 10)	A chemical or radionuclide that is potentially site-related, with data of sufficient quality, that have been retained for quantitative analysis as a result of the screening documented in Table 2.	Provide the chemical or radionuclide name of the COPC based on the results of the screening documented in Table 2. Chemicals and radionuclides can be arranged in the order that the risk assessor prefers.
Chronic/Subchronic (5.1, 5.2, 5.3)	Identifies whether the RfD for a particular chemical is for chronic (long-term) and/or subchronic (short-term) exposure.	The risk assessor should use professional judgement when extrapolating to time-frames shorter or longer than those employed in any critical study referenced. As a Superfund program guideline, chronic is seven years to a lifetime; subchronic is two weeks to seven years (RAGS Part A, Sections 6 and 8).
Combined Uncertainty/ Modifying Factors (5.1, 5.2, 5.3)	The factors applied to the critical effect level to account for areas of uncertainty inherent in extrapolation from available data.	Refer to IRIS/HEAST/NCEA for these values. Examples of uncertainty to be addressed include: - variations in the general population - interspecies variability between humans and animals - use of subchronic data for chronic evaluation - extrapolation from LOAELs to NOAELs.
Concentration Used For Screening (2)	The concentration which was used to compare to the screening value.	Consult the EPA risk assessor in determining this value. For example, maximum or average values.
COPC Flag (Y/N) (2)	A code which identifies whether the chemical or radionuclide has been selected as a COPC.	Yes No
Date(s) (MM/DD/YYYY) (6.2, 6.3, 6.4)	The date of the source that was consulted for the toxicity or weight of evidence/cancer guideline description information.	The MM/DD/YYYY format refers to month/day/year. For example, the MM/DD/YYYY version of the date March 30, 1995 is 03/30/1995. For IRIS information, the MM/DD/YYYY should be the date of consultation.
Dermal	The predicted route of chemical exposure through the skin.	

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TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Detection Frequency (2)	The number of times the chemical or radionuclide was detected versus the number of samples analyzed, expressed as the "fraction" X/Y.	Consult the EPA risk assessor for an explanation of how detection frequency should be interpreted and applied.
	For example, 5/9 indicates that a chemical was detected in 5 out of 9 samples.	
Exposure Medium (1, 2, 3, 4, 7, 8, 9, 10)	The contaminated environmental medium to which an individual may be exposed. Includes the transfer of contaminants from one medium to another. For example, 1) Contaminants in Groundwater (the Medium) remain in Groundwater (the Exposure Medium) and are available for exposure to receptors. 2) Contaminants in Groundwater (the Medium) may be transferred to Air (the Exposure Medium) and are available for exposure to receptors. 3) Contaminants in Sediment (the Medium) may be transferred to Animal Tissue (the Exposure Medium) and are available for exposure to receptors.	Choose from the following picklist: Groundwater Leachate Sediment Sludge Soil Surface Water Debris Liquid Waste Solid Waste Air Plant Tissue Animal Tissue Fish Tissue Spring Water Surface Soil Subsurface Soil Particulates Vapors Other
Exposure Pathway (1)	The course a chemical or radionuclide takes from the source to the exposed individual. An Exposure Pathway analysis links the sources, locations, and types of environmental releases with population locations and activity patterns to determine the significant pathways of human exposure. Within the Planning Tables, an Exposure Pathway is defined as each unique combination of Scenario Timeframe, Medium, Exposure Medium, Exposure Point, Receptor Population, Receptor Age, and Exposure Route.	The course a chemical or physical agent takes from a source to an exposed organism. An Exposure Pathway describes a unique mechanism by which an individual or population is exposed to chemicals or physical agents at or originating from a site. Each Exposure Pathway includes a source, an Exposure Point, and an Exposure Route. If the Exposure Point differs from the source, a transport/Exposure Medium (e.g., air) or media (in case of Intermedia transfer) also is included. (RAGS Part A, p. 6-2)

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TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Exposure Point (1, 2, 3, 4, 7, 8, 9, 10)	An exact location of potential contact between a person and a chemical or radionuclide within an Exposure Medium. For example: 1) Contaminants are in Groundwater (the Medium and the Exposure Medium) and exposure to Aquifer 1 - Tap Water (the Exposure Point) is evaluated. 2) Contaminants in Groundwater (the Medium) may be transferred to Air (the Exposure Medium) and exposure to Aquifer 1 - Water Vapors at Showerhead (the Exposure Point) is evaluated. 3) Contaminants in Sediment (the Medium) may be transferred to Animal Tissue (the Exposure Medium) and Trout from Dean's Creek (the Exposure Point) is evaluated.	Provide the information as text in the table. In all subsequent tables, Exposure Points should be defined in the same way as was done in Planning Table 1.
Exposure Point Concentration (EPC) Value (and Units) (3, 7, 8)	The value, based on either a statistical derivation of measured data or modeled data, that represents an estimate of the chemical or radionuclide concentration available from a particular Medium or route of exposure. This EPC value will be used to quantify potential cancer risks and non-cancer hazards.	The EPC may be calculated, measured, or modeled. Consult the EPA risk assessor for selection of this value.
Exposure Point Concentration Rationale (3)	The reason the cited statistic was used to represent the EPC.	
Exposure Point Concentration Statistic (3)	The statistic selected to represent the EPC Value (RME or CT), based on guidance, the distribution of the data, number of data points, etc., and consultation with the EPA risk assessor.	Often, this is the 95% Upper Confidence Level (UCL) of the log-transformed data.
Exposure Route (1, 4, 7, 8)	The way a chemical or radionuclide comes in contact with a person (e.g., by ingestion, inhalation, dermal contact).	Choose from the following picklist: Inhalation Ingestion Combined (i.e., Inhalation/Ingestion) Dermal Not Documented External (Radiation)
External (Radiation)	The route of radiation exposure upon the body from an external source.	

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TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Extrapolated RfD Value (and Units) (5.2)	The inhalation RfD for each chemical of potential concern which is derived from the reference concentration (RfC) value if an RfD is used to calculate risk instead of the RfC (and associated units).	Derivation of the RfD from RfC should be performed as directed by the EPA risk assessor.
Ingestion	The route of chemical exposure via the mouth (e.g., eating).	
Inhalation	The route of chemical exposure through breathing.	
Inhalation Cancer Slope Factor Value (and Units) (6.2)	A plausible upper-bound estimate (and associated units) of the probability of a response per unit intake of a chemical over a lifetime.	Usually the cancer slope factor is the upper 95th % confidence limit of the dose-response curve for inhalation.
Inhalation RfC Value (and Units) (5.2)	The reference concentration value for (and associated units) each of the COPCs.	
Intake Equation/Model Name (4)	The calculation, equation or model used for intake estimates for each exposure route.	
Location of Maximum Concentration (2)	The sample number that identifies the location where the highest-concentration sample was taken.	
Maximum Concentration (Qualifier)(2,3)	The maximum concentration is the highest concentration of the chemical or radionuclide in the medium at the current Exposure Point which is above the sample quantitation unit. The qualifier is the alpha-numeric code assigned to the concentration value by the analytical chemist during data validation for the maximum concentration value.	Refer to RAGS - Part A (EPA, 1989) page 5-8 for guidance on detection/quantification limits.

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TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Medium (1, 2, 3, 4, 7, 8, 9, 10)	The substance (e.g, air, water, soil) that is a potential source of contaminants in the Exposure Medium. (The Medium will sometimes equal the Exposure Medium.) Usually, the Medium is that targeted for possible remediation.	Choose from the following picklist: Groundwater Leachate Sediment Sludge Soil Surface Water Debris Liquid Waste Solid Waste Air Surface Soil Subsurface Soil Other
Minimum Concentration (Qualifier) (2)	The minimum concentration is the lowest detected concentration of the chemical or radionuclide in the Medium. The qualifier is the alpha-numeric code assigned to the concentration value by the analytical chemist during data validation for the maximum concentration value.	
Non-Cancer Hazard Calculations - Hazard Quotient (7)	The ratio of a single substance exposure level, over a specified time period, to a reference dose for that substance, derived from a similar exposure period (e.g. subchronic).	
Non-Cancer Hazard Calculations - Intake/Exposure Concentration Value) (and Units) (7)	Intake is a measure of exposure expressed as the mass of a substance in contact with the exchange boundary per unit body weight per unit time (e.g., mg chemical/kg body weight/day).	Refers to the intake/exposure concentration result using the parameters and equations/calculations and/or models presented in Table 4.
Non-Cancer Hazard Calculations RfD/RfC - Value (and Units) (7)	The RfD is the toxicity value (and associated units) for evaluating non-cancer effects resulting from exposure. The RfC is the toxicity value for inhalation typically reported as a concentration in air (mg/m3) which can be converted to an inhaled dose (mg/kg-day).	RfDs and RfCs in Table 7 for each COPC are the same as the RfDs and RfCs presented in Tables 5.1, 5.2 and 5.3.
Non-Carcinogenic Hazard Quotient - Primary Target Organ(s) (9,10)	The primary effect(s) reported as a primary target organ effect in IRIS, HEAST, NCEA or other source.	

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TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Non-Carcinogenic Hazard Quotient - Ingestion, Inhalation, Dermal (9,10)	The non-cancer hazard calculated by Receptor for each COPC for each Exposure Route for each Exposure Point.	The value at the bottom of each column presents the non-cancer hazard by exposure route for each exposure point, for all effects considered together.
Non-Carcinogenic Hazard Quotient - Exposure Routes Total (9,10)	The total non-cancer hazard calculated for each COPC across all Exposure Routes at each Exposure Point.	Other totals ae also recorded in the Exposure Routes Total column. In the Exposure Point Total row this column contains the total hazards for all chemicals at a given Exposure Point. In the Exposure Medium Total row, this column contains the total hazards for all Exposure Points in a given Exposure Medium. In the Medium Total row, this column contains the total hazards for all Exposure Media in a given Medium. The Receptor Total row contains the total hazards from all Media to a single receptor. The values beneath the table under this column present hazard quotients for specific target organs.
Not Documented (picklist term)	A term used when no information is available.	
Oral Absorption Efficiency for Dermal (5.1,6.1)	The adjustment factor used to convert oral RfD values to dermal RfD values.	This value is an oral absorption factor.
Oral Cancer Slope Factor Value (and Units) (6.1)	Cancer slope factor value (and associated units) for ingestion.	
Oral CSF Date(s) (MM/DD/YYYY) (6.1)	The dates of the sources that were consulted for the toxicity information in MM/DD/YYYY format.	The MM/DD/YYYY format refers to month/day/year. For example, the MM/DD/YYYY version of the date March 30, 1995 is 03/30/1995. For IRIS information, the MM/DD/YYYY should be the date of consultation.
Oral CSF Source(s) (6.1)	A reference for the oral cancer slope factor and absorption efficiency information. For example: IRIS	
Oral RfD Value (and Units) (5.1)	The oral RfD value (and associated units) for each of the COPCs.	

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TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Parameter Code (4)	The code used for parameters (exposure factors) in the intake equation.	See the instructions for Planning Table 4 for standard codes. Other codes may be added if appropriate.
Parameter Definition (4)	The name of the exposure factor (e.g., ingestion rate, body weight) associated with a parameter code used in the intake equation.	
Parameter Name (5.3, 6.3)	The name of the parameter/ toxicity factor being recorded for each COPC.	
Parameter: Target Organ(s) Date(s) (MM/DD/YYYY) (5.3)	The dates of the sources that were consulted for the toxicity and target organ information in MM/DD/YYYY format.	The MM/DD/YYYY format refers to month/day/year. For example, the MM/DD/YYYY version of the date March 30, 1995 is 03/30/1995. For IRIS information, the MM/DD/YYYY should be the date of consultation.
Parameter: Target Organ(s) Source(s) (5.3)	The source(s) of the toxicity and target organ information. For example: IRIS HEAST NCEA	
Parameter Value (and Units) (4)	The numeric value of the parameters used for the intake calculation (and associated units).	
Parameter Value (and Units) (5.3, 6.3)	The toxicity parameter value (and associated units) for each COPC.	
Potential ARAR/TBC Source (2)	The type or source of ARAR/TBC value entered into the adjacent column.	For example, MCL SMCL
Potential ARAR/TBC Value (2)	Potential Applicable or Relevant and Appropriate Requirements (ARAR)/To Be Considered (TBC) values.	They could be MCL values, soil cleanup level values, or other values to be considered. Consult the EPA risk assessor regarding the requirements for this column.
Primary Target Organ(s) (5.1, 5.2, 5.3, 9, 10)	The organ(s) most affected (i.e., experiences critical effects) by chronic or subchronic exposure to the specific COPC, and upon which the RfD is based.	
Radionuclide of Potential Concern (8)	Radionuclides that are potentially site-related, with data of sufficient quality, that have been retained for quantitative analysis as a result of the screening documented in Table 2.	

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TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Range of Detection Limits (2)	The lowest and highest detection limits.	Consult the EPA risk assessor or National guidance for definitions of detection limits.
Rationale for Selection or Deletion (2)	The reason the chemical or radionuclide was selected or not selected for quantitative or qualitative analysis.	Consult the EPA risk assessor guidance for the rationale codes.
Rationale for Selection or Exclusion of Exposure Pathway (1)	The reason the Exposure Pathway was selected or not selected for quantitative or qualitative analysis.	Consult the EPA risk assessor for the rationale codes.
Rationale/Reference (4)	The reason and reference for the parameter value used. This rationale may be based upon guidance or consultation with the EPA risk assessor.	Sufficient detail should be provided so that the reviewer can easily substantitate the value.
Reasonable Maximum Exposure (RME)	The highest exposure that is reasonably expected to occur (based on a combination of average and high-end values).	
Receptor Age (1, 4, 7, 8, 9, 10)	The description of the exposed individual as defined by the EPA Region or dictated by the site. For example, an adult (Receptor Age) resident (Receptor Population) who drinks contaminated groundwater.	Choose from the following picklist: Child Adult Adolescents (teens) Pre-Adolescents Not Documented Child/Adult Geriatric Sensitive Infant Toddler Pregnant Other
Receptor HI Total (9, 10)	A sum of non-cancer hazards across all Media and Exposure Routes for a given Receptor.	Consult the EPA risk assessor on summing toxic endpoint effects

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TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Receptor Population (1, 4, 7, 8, 9, 10)	The exposed individual relative to the exposure pathway considered. For example, a resident (Receptor Population) who drinks contaminated groundwater.	Choose from the following picklist: Resident Industrial Worker Commercial Worker Construction Worker Other Worker Golfer Jogger Fisher Hunter Fisher/Hunter Swimmer Other Recreational Person Child at School/Daycare/Playground Trespasser/Visitor Farmer Gardener Gatherer Other
Receptor Risk Total (9, 10)	A sum of cancer risk across all Media and Exposure Routes for a given Receptor.	
RfC: Target Organ(s) Date(s) (MM/DD/YYYY) (5.2)	The date(s) of the source(s) consulted for the RfC and target information in the MM/DD/YYY format.	The MM/DD/YYYY format refers to month/day/year. For example, the MM/DD/YYYY version of the date March 30, 1995 is 03/30/1995. For IRIS information, the MM/DD/YYYY should be the date of consultation.
RfC: Target Organ(s) Source(s) (5.2)	The source(s) of the RfC and target organ information in the MM/DD/YYY format.	For example: IRIS HEAST NCEA
RfD: Target Organ(s) Date(s) (MM/DD/YYYY) (5.1)	The date(s) of the source(s) consulted for the RfD and target information in MM/DD/YYY format.	The MM/DD/YYYY format refers to month/day/year. For example, the MM/DD/YYYY version of the date March 30, 1995 is 03/30/1995. For IRIS information, the MM/DD/YYYY should be the date of consultation.
RfD: Target Organ(s) Source(s) (5.1)	The source(s) of the RfD and target organ information.	For example: IRIS HEAST NCEA
Risk Calculation Approach (8)	The approach used for calculating radiation cancer risks	U.S. EPA's RAGS Part A and DOE's RESRAD are examples of risk calculation approaches.

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TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Scenario Timeframe (1, 2, 3, 4, 7, 8, 9, 10)	The time period (current and/or future) being considered for the Exposure Pathway.	Choose from the following picklist: Current Future Current/Future Not Documented
Screening Toxicity Value (N/C) (2)	The screening level used to compare detected concentrations of chemicals and radionuclides. N/C is used to indicate non-cancer (N) or cancer (C). This value is usually a risked-based media concentration (e.g., SSL, PRG, RBC).	Consult the EPA risk assessor for the source of the screening value and for guidance on comparing the screening value to detected concentrations. Indicate: N for Non-Cancinogenic C for Cancinogenic
Source(s) (6.2, 6.3, 6.4)	A reference(s) for the weight of evidence/cancer guideline description entry and/or toxicity information.	For example: IRIS HEAST NCEA
Summary Box (2, 3, 4, 7, 8, 9, 10)	A box in the upper left corner of a Planning Table containing the combination of parameters that make each Planning Table unique.	The Summary Box typically specifies the unique combination of Scenario Timeframe, Medium, and Exposure Medium. For selected tables, the Receptor Population and Receptor Age are presented to present risks for a specific Receptor.
Type of Analysis (1)	The level of evaluation (quantitative or qualitative) to be performed for the Exposure Pathway based on site-specific analysis.	Choose from the following picklist: Quant (i.e., Quantitative) Qual (i.e., Qualitative) None
Units (2,3)	The concentration units for each chemical or radionuclide detected.	Consult with the EPA risk assessor to determine if there is a preference regarding the units used for different matrices (e.g., mg/kg for soil, ? g/L for groundwater). Choices include: mg/l ? g/l ng/l pg/l % ppm ppb ppt g/kg mg/kg ? g/kg ng/kg ? g/g mg/m³ ? g/m³ fibers/l fibers/m³ fibers/kg lbs/day ? g/100cm mg/cm² ? Rem/hr pCi/kg PCi/m²/sec pCi/m³ Not Documented
Unit Risk: Inhalation Cancer Slope Factor Date(s) 6.2	The date of the source(s) that was consulted for the Unit Risk and Inhalation Cancer Slope Factor Information.	

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TERM (TABLE LOCATION(S))	DEFINITION	ADDITIONAL INFORMATION
Unit Risk: Inhalation Cancer Slope Factor Source(s) 6.2	A reference(s) for the Unit Risk and Inhalation Cancer Slope Factor Information.	
Unit Risk Value (and Units) (6.2)	Toxicity values (and associated units) for carcinogenic effects expressed in terms of risk per unit concentration of the substance in the medium where human contact occurs. These measures can be used to calculate cancer slope factors.	
Weight of Evidence/Cancer Guideline Description(6.1, 6.2)	An EPA Classification system for characterizing the extent to which the available data indicate that an agent is a human carcinogen.	Weight of Evidence: A - Human carcinogen B1 - Probable human carcinogen - indicates that limited human data are available. B2 - Probable human carcinogen - indicates sufficient evidence in animals and inadequate or no evidence in humans. C - Possible human carcinogen D - Not classifiable as a human carcinogen E - Evidence of noncarcinogenicity Cancer Guideline Description: Known/Likely Cannot be Determined Not Likely
95% UCL (Distribution) (3)	The statistic for the 95% Upper Confidence Limit (UCL) on the arithmetic mean of measured data. A code indicating the sample distribution should follow the value. For example, "N" is normal distribution; "T" is transformed distribution (e.g., log-normal); "NP" is Non parametric distribution; "O" is Other. Other distributions should include a footnote with a description of the distribution.	Consult National guidance (Supplemental Guidance to RAGS: Calculating the Concentration Term, OSWER Directive: 9285.7-08l, May 1992) and the EPA risk assessor when calculating this term. Supplemental information should be provided in the risk assessment.

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